

# BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14	/						64			
15	/						65			
16							66			
17							67			
18							68			
19							69			
20	/						70			
21							71			
22							72			
23							73			
24	/						74			
25							75			
26	/						76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49							99			
50							100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
Total							Total			
Claims							Claims			